

Summary of Benefits: Select Vision

	Lenses	Frames	Total Allowance
Single	\$41.50	\$29.50	\$71.00
Bifocal	\$67.00	\$29.50	\$96.50
Trifocal	\$89.50	\$29.50	\$119.00
Cataract (Aphakic)	\$156.50	\$29.50	\$186.00
Contact Lenses (per pair)	Medically Indicated*		\$221.00
	Cosmetic - Single Vision Lenses		\$71.00
Benefit Period for Frames and Lenses	Benefits for frames, lenses, and contact lenses are available once every 12 months		
Eye Exam	100% of Allowed Benefit (any additional charge for contact lenses exam not covered) Benefit for eye exam - once every 12 months		

* Following cataract surgery or when visual acuity is correctable to at least 20/70 in the better eye only by use of contact lenses.

Summary of Benefits: Regional Traditional Dental

Benefit Period Deductibles: Class II-IV	
Individual Deductible	\$25
Family Deductible	\$75
Reimbursement Levels	
Class I - Preventative & Diagnostic Services	100% Allowed Benefit (AB), no deductible
Class II - Basic Services	100% AB after deductible
Root Canals	80% AB after deductible
Class III - Major Surgical Services	80% AB after deductible
Class IV - Major Restorative Services	50% AB after deductible
Class V - Orthodontic Services	50% AB, no deductible
Benefit Period Maximum: Class I-IV	\$1,500
Lifetime Maximum: Class V	\$1,500
Benefit Period	July 1st - June 30th



10455 Mill Run Circle
Owings Mills, MD 21117
www.carefirst.com

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